



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Adam Rosen

Serial No.: 09/909,410

Filed

: July 19, 2001

Title

: JUROR RESEARCH

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Art Unit : 3713

Examiner: Cameron Saadat

RECEIVED

OCT 0 1 2003

TECHNOLOGY CENTER R3700

REPLY TO ACTION OF MARCH 27, 2003

Please amend the above-identified application as follows:

0E/E3/2005 JELLIOTT 00000002 0&1050

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168.00 DA

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

	September / 7, 2003
Date of Deposit	7
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Signature	

Andrea MacVarish Typed or Printed Name of Person Signing Certificate

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 2) TYPE **OR SMALL ENTITY** (Column₁) **TOTAL CLAIMS** RATE FEE RATE FEE. OR BASIC FEE BASIC FEE **NUMBER EXTRA** 355.00 710.00 **FOR** NUMBER FILED TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 **ろく**(TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II OTHER THAN** SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 1) (Column 2) 9.22-03 CLAIMS HIGHEST ADDI-ADDI-4 NUMBER REMAINING PRESENT TIONAL RATE RATE TIONAL **PREVIOUSLY AFTER EXTRA** FEE FEE AMENDMENT PAID FOR Total 18 ~ Minus ДO X\$ 9= X\$18= OR Independent Minus X40= -X80= ÒR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-Ø REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **PREVIOUSLY AFTER EXTRA** PAID FOR FEE FEE **AMENDMENT** Total Minus X\$18= •• X\$ 9= OR Minus Independent X40 ==08XOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **PREVIOUSLY** AMENDMENT **AFTER EXTRA** PAID FOR AMENDMENT FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= ±270= OR "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.